



Welcome to our program about the special needs of older adults.



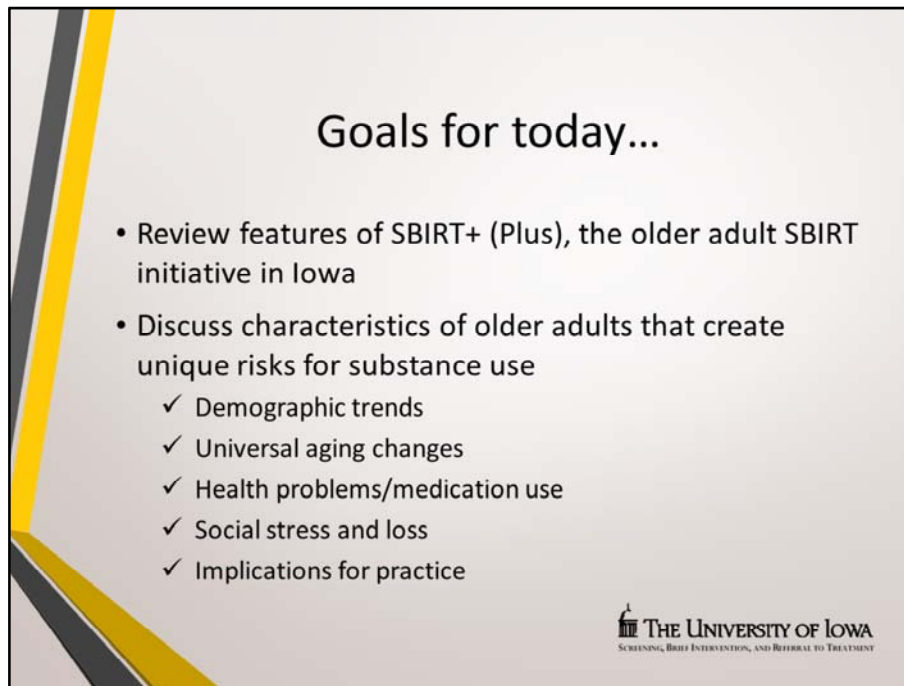
**Brought to you by...**

**SBIRT-TIPS: *Screening, Brief Intervention, and Referral to Treatment – Training Iowa Preceptors and Students***

- 3-year training project at the University of Iowa
- Doctor of Nursing Practice (DNP) students
- Physician Assistant (PA) students
- Preceptors for DNP and PA students statewide
- Funded by SAMHSA, 2015 to 2018


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As a reminder, this training is part of the Screening, Brief Intervention, and Referral to Treatment – Training Iowa Preceptors and Students program that is funded by the Substance Abuse and Mental Health Services Administration.



**Goals for today...**

- Review features of SBIRT+ (Plus), the older adult SBIRT initiative in Iowa
- Discuss characteristics of older adults that create unique risks for substance use
  - ✓ Demographic trends
  - ✓ Universal aging changes
  - ✓ Health problems/medication use
  - ✓ Social stress and loss
  - ✓ Implications for practice

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Today we are going to review some of the special challenges of substance use among older adults. We call this approach SBIRT Plus, to emphasize that there are some additional considerations when thinking about risk factors among older adults – as listed on the slide.

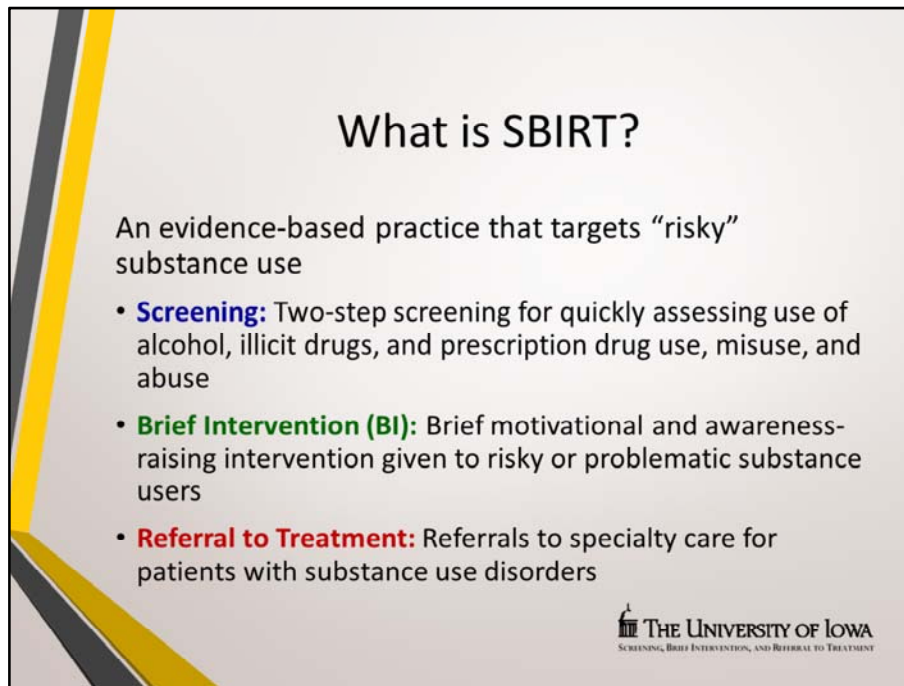
The slide features a light gray background with a yellow and gray diagonal stripe on the left side. The title "What is SBIRT?" is centered at the top. Below it, the text reads: "The primary goal of SBIRT is to identify and effectively intervene with **those who are at moderate or high risk for psychosocial or health care problems** related to their substance use." To the right of the text is a target icon with three arrows hitting the bullseye. At the bottom right is the University of Iowa logo and the text "THE UNIVERSITY OF IOWA SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT".

## What is SBIRT?

The primary goal of SBIRT is to identify and effectively intervene with **those who are at moderate or high risk for psychosocial or health care problems** related to their substance use.

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All of the main principles that are part of SBIRT are also part of SBIRT Plus. The focus is on risky substance use, not dependency or abuse.



## What is SBIRT?

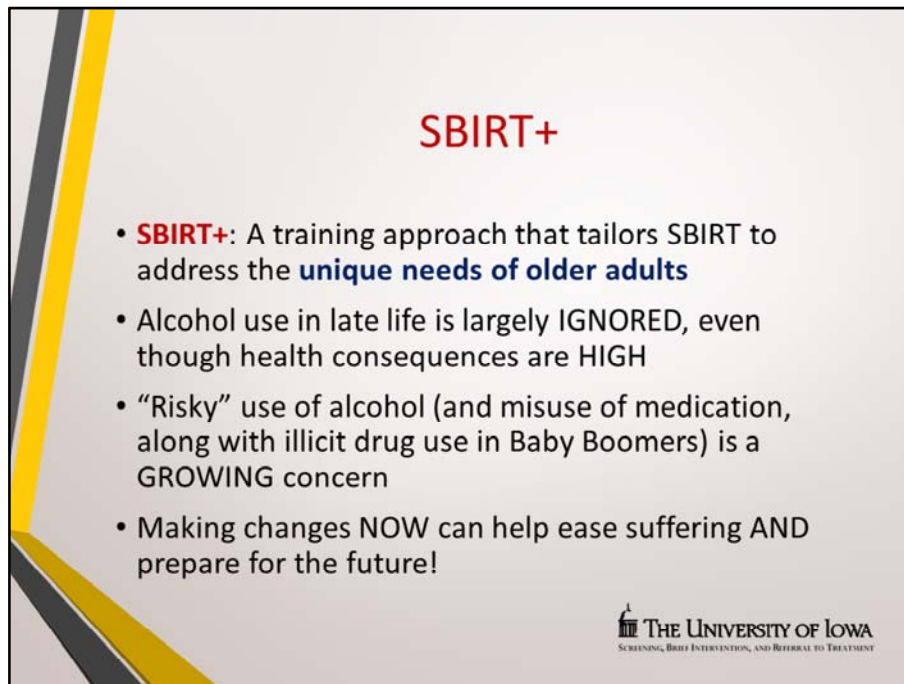
An evidence-based practice that targets “risky” substance use

- **Screening:** Two-step screening for quickly assessing use of alcohol, illicit drugs, and prescription drug use, misuse, and abuse
- **Brief Intervention (BI):** Brief motivational and awareness-raising intervention given to risky or problematic substance users
- **Referral to Treatment:** Referrals to specialty care for patients with substance use disorders

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So we are still using the same three-step process outlined in the earlier training:

- Two-step screening,
- Brief intervention, and
- Referral to specialty care when indicated.

A slide titled "SBIRT+" with a list of four bullet points. The slide has a decorative graphic on the left side consisting of several overlapping diagonal stripes in shades of grey and yellow. The text is centered and right-aligned. The University of Iowa logo is in the bottom right corner.

**SBIRT+**

- **SBIRT+**: A training approach that tailors SBIRT to address the **unique needs of older adults**
- Alcohol use in late life is largely **IGNORED**, even though health consequences are **HIGH**
- “Risky” use of alcohol (and misuse of medication, along with illicit drug use in Baby Boomers) is a **GROWING** concern
- Making changes **NOW** can help ease suffering **AND** prepare for the future!

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Our focus on older adults is based on the fact that MOST SBIRT training targets adults, not older adults. That is likely because older adults – at least today’s older adults – are less likely to drink or use drugs. However, that is changing as the Baby Boomer generation ages.



## Why is SBIRT+ Important?

*“The social and physical changes that accompany aging may well increase vulnerability to drug-related problems. Slowing metabolism can increase sensitivity to the effects of drugs.” – Volkow, 2011*

- Age-related health conditions and medications may influence the effects of use/misuse of substances
- Certain events – such as loss of loved ones, retirement, and health-related issues – may contribute to older adults using alcohol/drugs as self-medication, particularly if the person has a history of using substances to cope

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And as Volkow and others have stated, there are lots of reasons for providers to take late life drinking and drug use seriously. A number of factors that cluster in late life change the proverbial “landscape” of substance use and misuse.

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Reference:

Volkow, N.D. (2011). Substance abuse among older adults. National Institute on Health, National Institute on Drug Abuse. Retrieved from <https://www.drugabuse.gov/news-events/nida-notes/2011/12/substance-abuse-among-older-adults>

Alcohol, Drug Dependence and Seniors. National Council on Alcoholism and Drug Dependence. Retrieved from <https://www.ncadd.org/about-addiction/seniors/alcohol-drug-dependence-and-seniors>

Satre, D.D. (2015). Alcohol and drug use problems among older adults. *Clinical Psychology: Science and Practice*, 22 (3), 238-254. Retrieved from <https://onlinelibrary.wiley.com/doi/pdf/10.1111/cpsp.12104>

Steinhagen, K.A. & Friedman, M.B. (2008). Substance abuse and misuse in older adults. *AgingWell* (3), 20. Retrieved from <http://www.todaysgeriatricmedicine.com/archive/071708p20.shtml>


Alcohol Abuse Amongst the Elderly: A Complete Guide. National Council for Aging Care. Retrieved from <http://www.aging.com/alcohol-abuse-amongst-the-elderly-a-complete-guide/>


## Demographic Facts: **Age Wave**

*Silver Tsunami*: Rapidly increasing number of older adults

- Individuals  $\geq 65$  increased by 10M between 2004 and 2014 to > 46.2M
- In 2015, 1 of 7 Americans was an older adult
- Those who reach age 65 have an average life expectancy of 19.3 years

*You don't need to be a specialist in gerontology to be touched by the "age wave"!*



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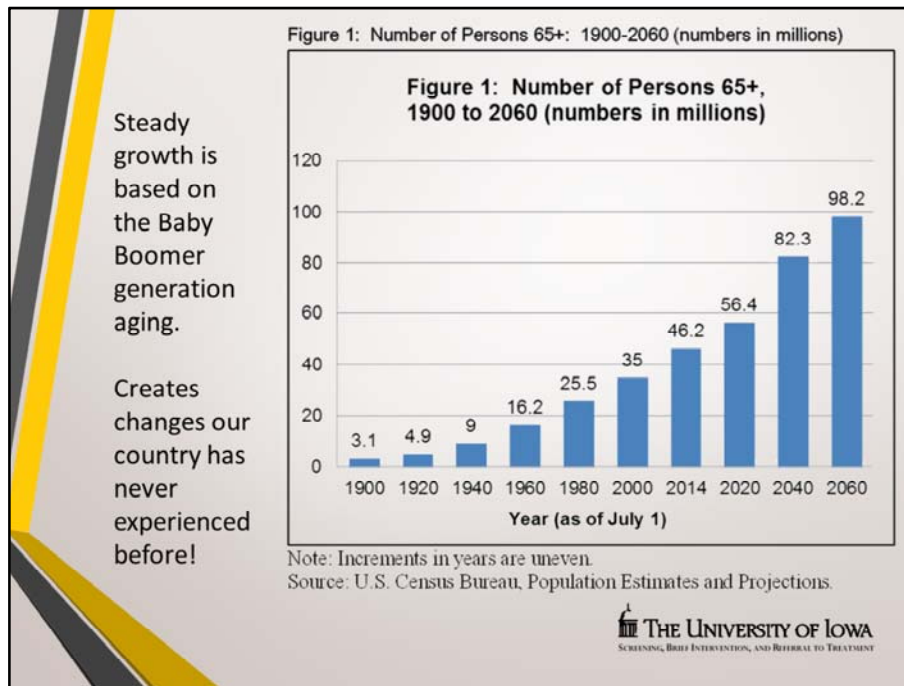
One of the most important starting points is that the sheer number of older adults in the U.S. is going to demand our time and attention as health care providers. By 2040, there will be about 82 million older people, over twice the number there was in 2000. That means that about 22 percent of the population will be 65 years or older – or about 1 in 5.

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Reference:

Administration on Aging. (2015). A Profile of Older Americans: 2015. Administration on Aging, Administration for Community Living, U.S. Department of Health and Human Services.



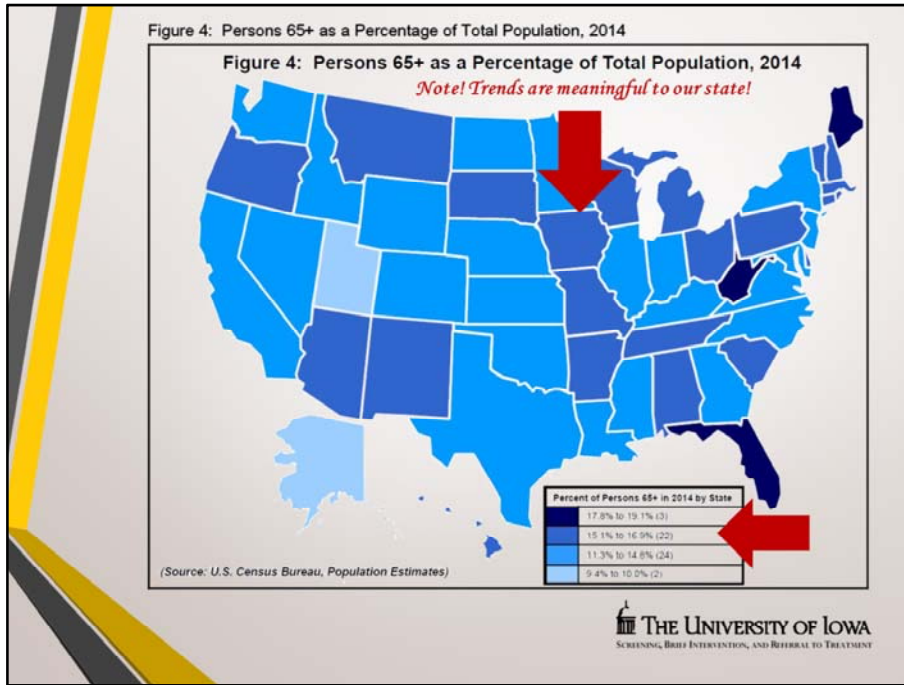


This chart just gives a visual image of what the growth in numbers looks like. Note that the number of older adults will more than double from rates in 2000 by 2040, which is less than 25 years away. So this has everything to do with you and your practice!

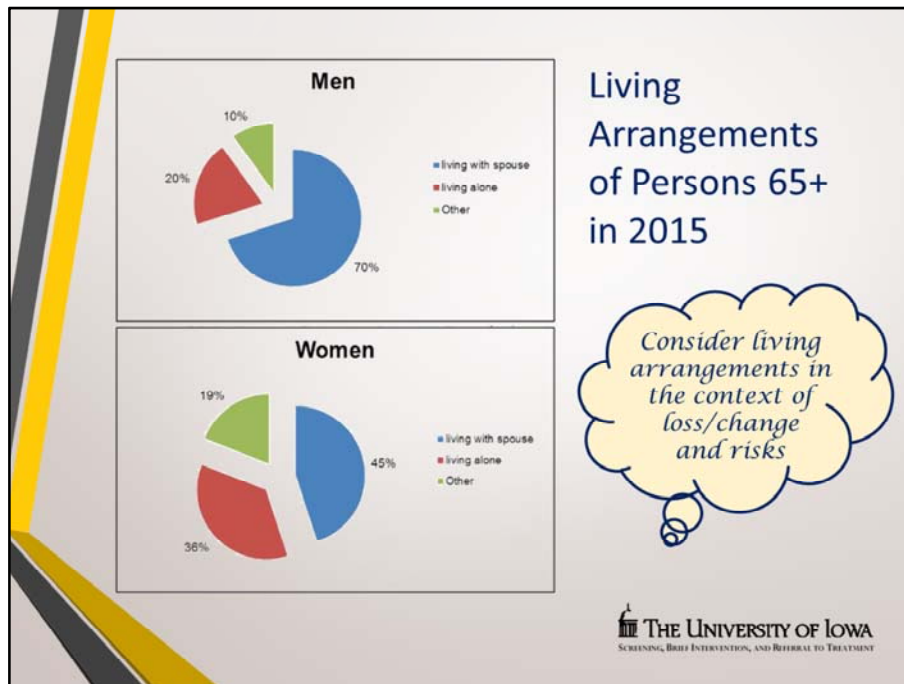
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Reference:

Administration on Aging. (2015). A Profile of Older Americans: 2015. Administration on Aging, Administration for Community Living, U.S. Department of Health and Human Services.



It's also important to keep in mind that aging in Iowa is an issue! We have some of the highest rates of older adults in the country.



And as we think about older adults, we need to also consider the many changes that occur in late life – like health, loss, and changes that lead to people living alone, becoming isolated, and in turn being at risk for substance use – which we will review shortly.

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Reference:

Administration on Aging. (2015). A Profile of Older Americans: 2015. Administration on Aging, Administration for Community Living, U.S. Department of Health and Human Services.



## Demographic Facts: Substance Use

- **Current trends:**
  - ✓ Older adults tend to prefer alcohol over illicit drugs
  - ✓ Misuse of prescription drugs is more common than “recreational” use
- **Two main groups of “drinkers” in later life**
  - ✓ Drank throughout their lives; now at higher risk for having health-related issues
  - ✓ Started drinking later in life as a “reaction” to stress, loss, health problem; tend to be easier to treat

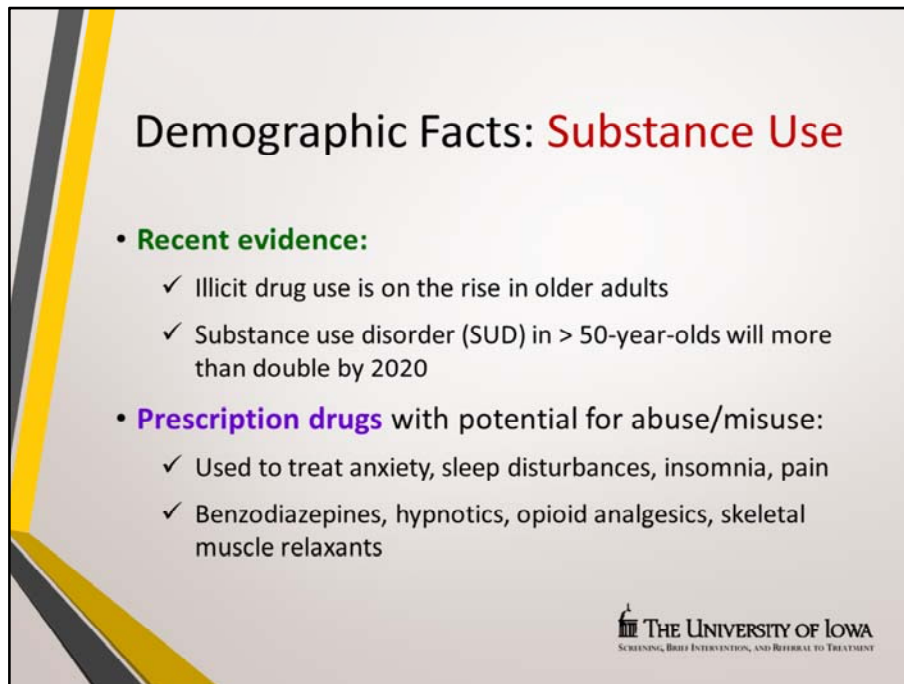
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In terms of substance use, most older adults tend to drink versus using drugs for recreational purposes. And there are two main groups of drinkers – ones that have drunk their entire life, and ones that started drinking more heavily in late life due to stress. In general, the latter group tends to respond best to the SBIRT approach.

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Reference:

Schonfield, L., King-Kallimanis, B., Duchene, D. Etherridge, R., Herrera, J., Barry, K., & Lynn, N. (2010). Screening and brief interventions for substance misuse among older adults: The Florida BRITE project. *American Journal of Public Health*, 100 (1), 108-114.



**Demographic Facts: Substance Use**

- **Recent evidence:**
  - ✓ Illicit drug use is on the rise in older adults
  - ✓ Substance use disorder (SUD) in > 50-year-olds will more than double by 2020
- **Prescription drugs** with potential for abuse/misuse:
  - ✓ Used to treat anxiety, sleep disturbances, insomnia, pain
  - ✓ Benzodiazepines, hypnotics, opioid analgesics, skeletal muscle relaxants

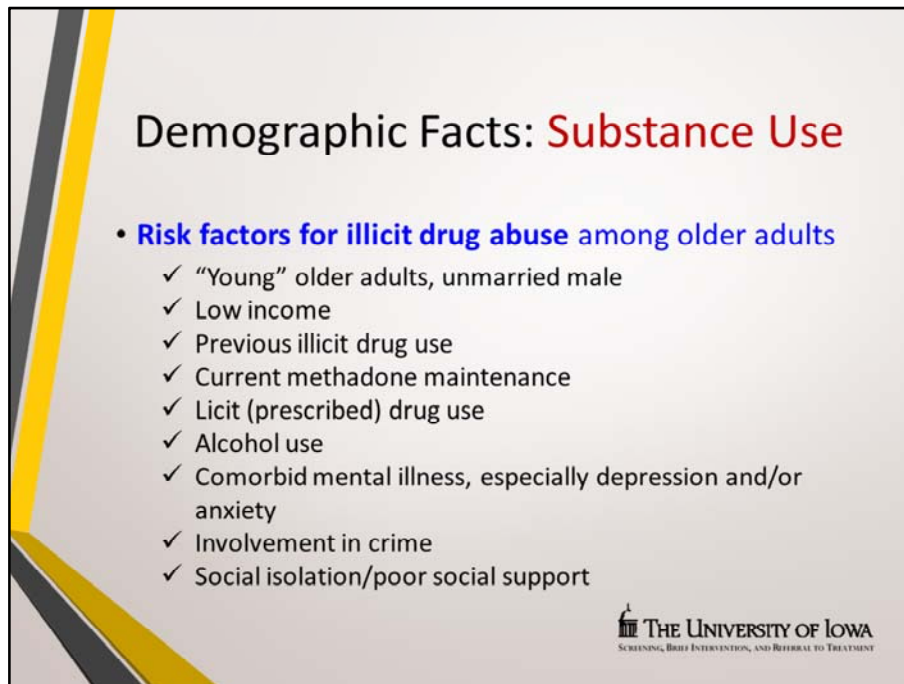
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Currently, rates of illicit drug use among older adults are pretty low. About 1 percent of older adults report using illicit drugs (compared to nearly 20 percent of those age 18 to 25 years). However, rates are expected to increase as Baby Boomers age. And, as noted on the slide, misuse of prescription drugs is an important consideration.

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Reference:

Taylor, M. & Grossberg, G. (2012). The Growing Problem of Illicit Substance Abuse in the Elderly: A Review. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3505129/>



## Demographic Facts: Substance Use

- **Risk factors for illicit drug abuse among older adults**
  - ✓ “Young” older adults, unmarried male
  - ✓ Low income
  - ✓ Previous illicit drug use
  - ✓ Current methadone maintenance
  - ✓ Licit (prescribed) drug use
  - ✓ Alcohol use
  - ✓ Comorbid mental illness, especially depression and/or anxiety
  - ✓ Involvement in crime
  - ✓ Social isolation/poor social support

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As we think about older adult substance use, some key risk factors should be kept in mind. Think about the population you are serving, and think about known risk factors for substance use.

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Reference:

Taylor, M. & Grossberg, G. (2012). The Growing Problem of Illicit Substance Abuse in the Elderly: A Review. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3505129/>

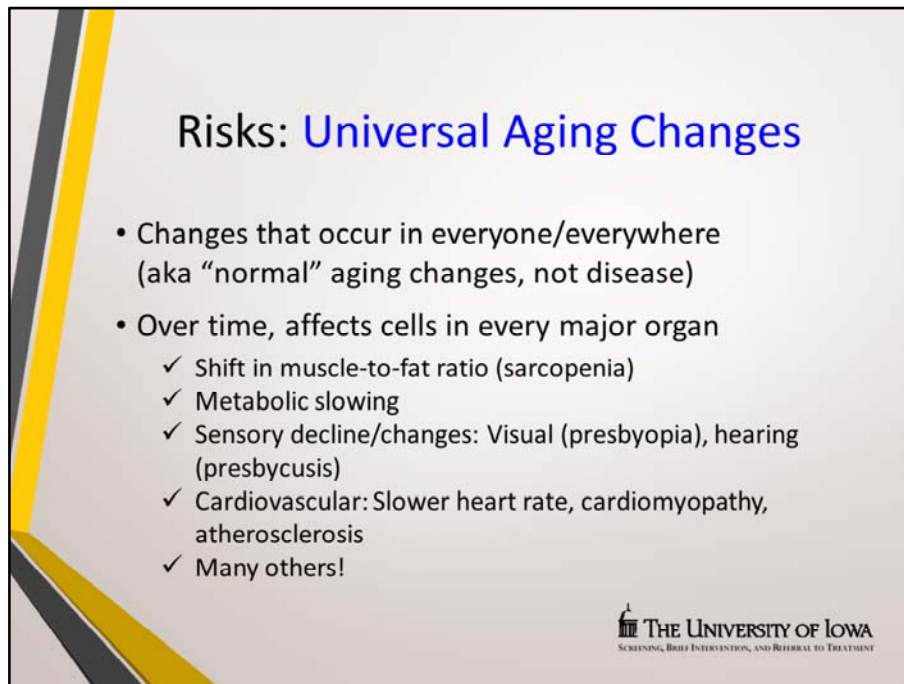
A presentation slide with a light gray background and a decorative yellow and gray border on the left side. The title "SBIRT+: Understand Risks" is centered at the top in a bold, black font, with "SBIRT+" in red. Below the title is a bulleted list of four points, each starting with a checkmark. The first point is a main bullet, and the other three are sub-bullets. The sub-bullets are color-coded: blue for "Universal age-related changes", purple for "Medical problems", green for "Medications", and red for "Loss/stress". In the bottom right corner, there is a logo for The University of Iowa SBIRT program, featuring a small building icon and the text "THE UNIVERSITY OF IOWA" and "SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT" in a smaller font.

**SBIRT+:** Understand Risks

- “Risky Use” in older people combines with other age-related health problems!
  - ✓ **Universal age-related changes** (e.g., metabolism, sensory) increase risks
  - ✓ **Medical problems** that cluster in late life can complicate issues
  - ✓ **Medications** used to treat health-related problems interact with alcohol/drugs
  - ✓ **Loss/stress** can precipitate/contribute to use


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Four main types of age-related issues and concerns tend to combine and interact with “risky” substance use in older adults. Let’s briefly review each one.



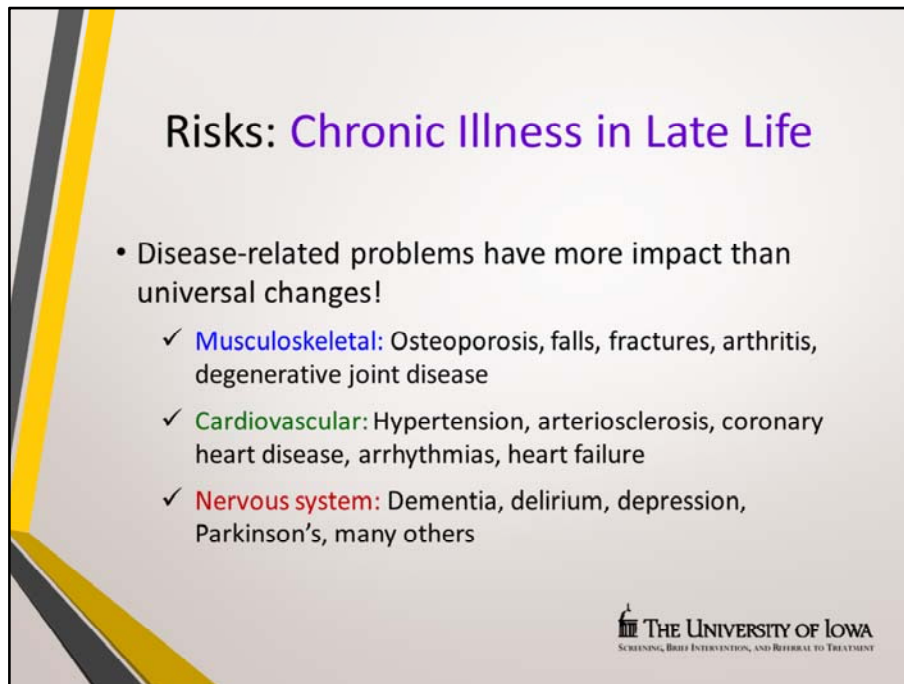
**Risks: Universal Aging Changes**

- Changes that occur in everyone/everywhere (aka “normal” aging changes, not disease)
- Over time, affects cells in every major organ
  - ✓ Shift in muscle-to-fat ratio (sarcopenia)
  - ✓ Metabolic slowing
  - ✓ Sensory decline/changes: Visual (presbyopia), hearing (presbycusis)
  - ✓ Cardiovascular: Slower heart rate, cardiomyopathy, atherosclerosis
  - ✓ Many others!

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Most healthcare providers are well aware of the universal changes – sometimes called “normal aging changes” – that occur in later life. While these are marginally important by themselves, they make a big difference when other problems overlap.





**Risks: Chronic Illness in Late Life**

- Disease-related problems have more impact than universal changes!
  - ✓ **Musculoskeletal:** Osteoporosis, falls, fractures, arthritis, degenerative joint disease
  - ✓ **Cardiovascular:** Hypertension, arteriosclerosis, coronary heart disease, arrhythmias, heart failure
  - ✓ **Nervous system:** Dementia, delirium, depression, Parkinson's, many others

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As noted on the slide, health-related problems generally increase with advancing age. In general, older adults have higher rates of chronic illness, lower overall health status, and increasing risk of disabilities.

In turn, many also experience limitations in their activities of living.

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Reference:

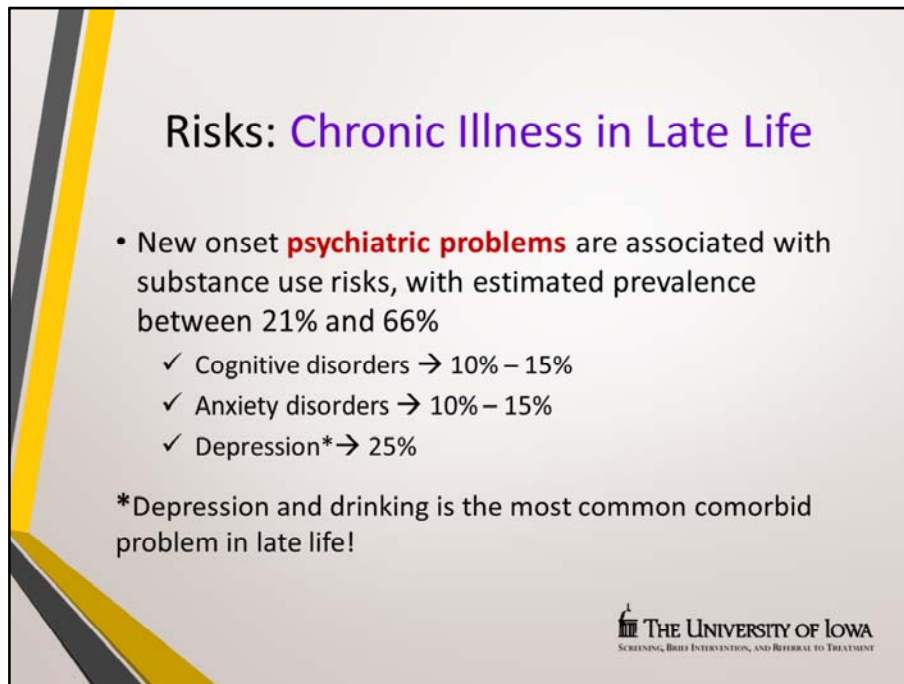
Administration on Aging. (2015). A Profile of Older Americans: 2015. Administration on Aging, Administration for Community Living, U.S. Department of Health and Human Services.

**Risks: Chronic Illness in Late Life**

- Drinking ALONE has health consequences:
  - ✓ **Cardiac:** Cardiomyopathy, arrhythmias, atrial fibrillation, ventricular tachycardia, strokes, hypertension
  - ✓ **Liver:** Steatosis, alcoholic hepatitis, cirrhosis
  - ✓ **Pancreas:** Pancreatitis
  - ✓ **Cancer:** Mouth, esophagus, pharynx, larynx, liver, breast, colon/rectal
  - ✓ **Immune system:** Suppress innate and adaptive responses

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That's important because alcohol use – all by itself – can cause health problems. And the additive effect – for example, existing heart disease plus alcohol-related heart change – increases risks of more serious problems.



**Risks: Chronic Illness in Late Life**

- New onset **psychiatric problems** are associated with substance use risks, with estimated prevalence between 21% and 66%
  - ✓ Cognitive disorders → 10% – 15%
  - ✓ Anxiety disorders → 10% – 15%
  - ✓ Depression\* → 25%

\*Depression and drinking is the most common comorbid problem in late life!

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Another important consideration is that new onset psychiatric illness is a big concern for older adults – but is an even bigger issue when substance use is involved. Depression and substance use, particularly drinking, in late life is a common comorbid problem.

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Reference:

Bogunovic, O. (2012). Substance Abuse in Aging and Elderly Adults. *Psychiatric Times* 29 (8). Retrieved from <http://www.psychiatrictimes.com/geriatric-psychiatry/substance-abuse-aging-and-elderly-adults>

**Risks: Depression**

**Brief Intervention and Treatment for Elders**

- BRITE: Project modeled after SBIRT
- Problems leading to referrals for BI:
  - ✓ Alcohol use (9.7%)
  - ✓ Illicit drug use (1.14%)
  - ✓ **Depression (64.3%); significant correlation between alcohol and depression**

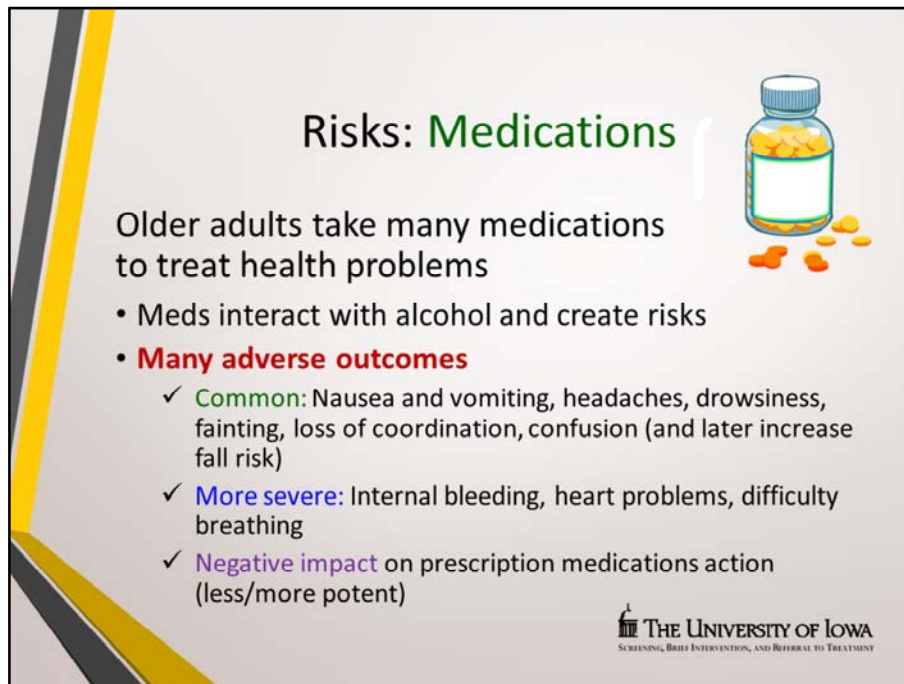
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The strong relationship between depression and drinking was underscored in the BRITE project, which used SBIRT methods but also screened for depression.

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Reference:


Schonfield, L., King-Kallimanis, B., Duchene, D. Etherridge, R., Herrera, J., Barry, K., & Lynn, N. (2010). Screening and brief interventions for substance misuse among older adults: The Florida BRITE project. *American Journal of Public Health*, 100 (1), 108-114.



**Risks: Medications**

Older adults take many medications to treat health problems

- Meds interact with alcohol and create risks
- **Many adverse outcomes**
  - ✓ **Common:** Nausea and vomiting, headaches, drowsiness, fainting, loss of coordination, confusion (and later increase fall risk)
  - ✓ **More severe:** Internal bleeding, heart problems, difficulty breathing
  - ✓ **Negative impact** on prescription medications action (less/more potent)



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Another big consideration for older adults is use of medication, including both the prescription medications they are given for their health problems and also over-the-counter drugs that can interact with alcohol.

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Reference:

Bogunovic, O. (2012). Substance Abuse in Aging and Elderly Adults. *Psychiatric Times* 29 (8). Retrieved from <http://www.psychiatrictimes.com/geriatric-psychiatry/substance-abuse-aging-and-elderly-adults>

National Institute on Health. (2016). NIH Senior Health, Alcohol Use and Older Adults. Retrieved from <http://nihseniorhealth.gov/alcoholuse/alcoholuseandaging/01.html>

## Risks: Medications



- **Common examples:** Alcohol plus...
  - ✓ Aspirin or NSAIDS = Bleeding stomach
  - ✓ Acetaminophen = Liver damage
  - ✓ Cold/allergy meds = Drowsiness, impaired coordination (fall risk increases)
  - ✓ Hypnotics, analgesics, anxiolytics = Sleepiness, poor coordination, difficulty breathing, tachycardia, memory impairment
  - ✓ Hypertension, diabetes, ulcers, gout, heart failure meds = Makes the condition worse

**Questions?** Check out *Harmful Interactions: Mixing Alcohol with Medications* (NIH/NIAA)

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A few common examples are listed on the slide, but there are many, many others in the National Institutes of Health publication. In short, there's a lot to think about:

- Direct damage,
- Risk of accidents, and
- Worsening of the health condition.

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Reference:

National Institute on Health. (2016). NIH Senior Health, Alcohol Use and Older Adults. Retrieved from

<http://nihseniorhealth.gov/alcoholuse/alcoholuseandaging/01.html>

**Risks: Loss & Social Stress**

Older adults drink for different reasons than younger adults

**High levels of stress** are critical to consider!

- **Retirement:** More time and fewer responsibilities, boredom
- **Loneliness/social isolation:** Social changes that lead to boredom, sadness, anxiety, comfort-seeking
- **Loss/Widowhood:** Death of a spouse, close friend, even a pet



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The last group of late life risk is social stress and losses that tend to cluster in late life. Unanticipated and unwanted changes, in particular, can cause a lot of stress. In turn, the older person may seek “comfort” in drinking.

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Reference:

National Institute on Health. (2016). NIH Senior Health, Alcohol Use and Older Adults. Retrieved from

<http://nihseniorhealth.gov/alcoholuse/alcoholuseandaging/01.html>

## Risks: Loss & Social Stress

- **Health-related changes**
  - ✓ Hip fracture: social changes
    - Unable to drive to shop, care for home, participate in leisure activities
    - Increased isolation, unwanted dependency
    - Risk of drinking/drug misuse to treat distress
- **Disabilities:** Pain, depression, fear related to loss of abilities, impending death
- **Sleep disturbances:** Typical/universal sleep pattern changes “treated” with alcohol



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It's also important to think about how health-related changes and disabilities cause stress – and in the same way, may trigger drinking to “treat” the problem or sense of distress the older adult may feel.



## Risks: **Loss & Social Stress**

- **Community, Residence Changes**
  - ✓ Marital status
    - Approximately two-thirds of men and half of women are married
    - Roughly one-third of women and a smaller segment of men are widowed
  - ✓ Living arrangements
    - Approximately one-third live alone
    - Around half of women ≥ 75 years old live alone
    - Stress is caused by both relocation AND isolation

*Lots of factors may contribute to substance use in later life!*



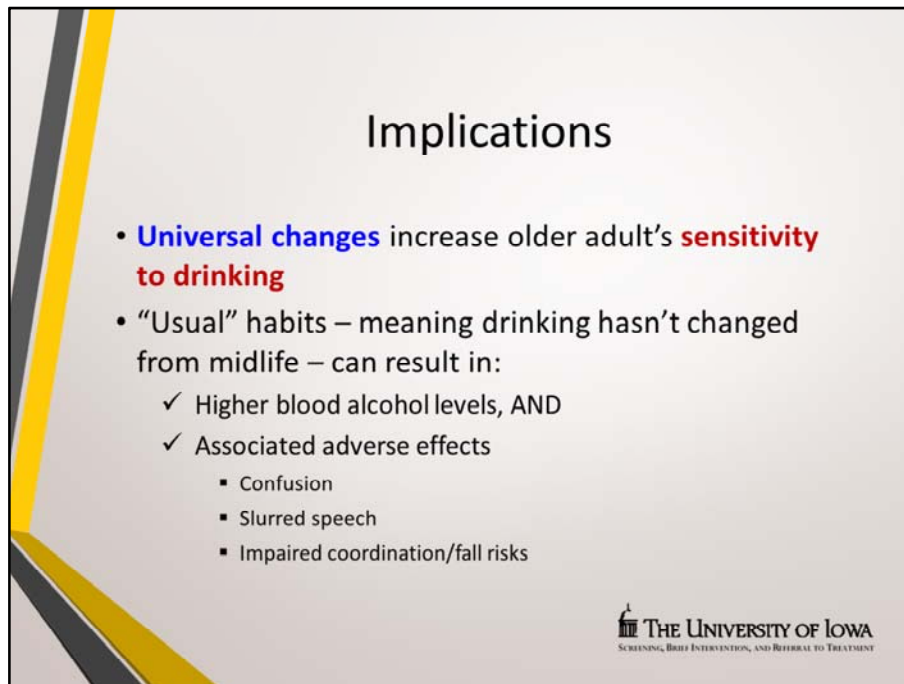
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Along with the loss of loved ones – particularly spouses and partners – and health-related change, we know that a lot of older adults will be living alone, and/or changing their residence to better manage – which can contribute to social isolation and risk of drinking.

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Reference:

Administration on Aging. (2015). A Profile of Older Americans: 2015. Administration on Aging, Administration for Community Living, U.S. Department of Health and Human Services.



The slide is titled "Implications" and features a decorative graphic on the left side consisting of several overlapping diagonal stripes in shades of grey and yellow. The text is centered and includes the following bullet points:

- **Universal changes** increase older adult's **sensitivity to drinking**
- "Usual" habits – meaning drinking hasn't changed from midlife – can result in:
  - ✓ Higher blood alcohol levels, AND
  - ✓ Associated adverse effects
    - Confusion
    - Slurred speech
    - Impaired coordination/fall risks

In the bottom right corner, there is a logo for "THE UNIVERSITY OF IOWA" with the text "SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT" underneath it.

Basically, we need to think about universal changes, and how that might affect the outcomes associated with the person's "usual" habits.

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Reference:

Bogunovic, O. (2012). Substance Abuse in Aging and Elderly Adults. *Psychiatric Times* 29 (8). Retrieved from <http://www.psychiatrictimes.com/geriatric-psychiatry/substance-abuse-aging-and-elderly-adults>



## Implications

- Sheer number of **chronic illnesses** in late life AND **medications** used to treat them puts older adults at risk!
  - ✓ Additive effects of chronic illness and alcohol-related changes
  - ✓ Disease/drug and alcohol interactions
- Social and health-related **distress** “treated” with alcohol
  - ✓ Fear of disability, death, role changes, uncertainty
  - ✓ Depression, anxiety
  - ✓ Isolation, boredom

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We also need to think about the onset of chronic illness, all the medications that are used to treat chronic illness, and the stress that can bubble up from loss and change.



## Summary of Implications

- Drinking can...
  - ✓ **Lead to:** Cancer, liver damage, brain damage (memory problems)
  - ✓ **Worsen other problems:** Osteoporosis, diabetes, hypertension/CV problems, ulcers
  - ✓ **Increase risks of accidents:** Falls, driving, misjudgments
  - ✓ **Make some health problems more difficult to identify/treat:** Pain may be masked by alcohol
  - ✓ **Result in misdiagnosis:** Confusion, forgetfulness may be mistaken as dementia

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As before, drinking can make lots of late life problems even worse! And sadly, some older adults aren't even aware that their level of drinking is contributing.

There is considerably more evidence that relates to the use of alcohol with respect to health, but there are increasing bodies of evidence that relate to illicit drugs – such as cocaine and heroin – and to abuses of various prescription medications.

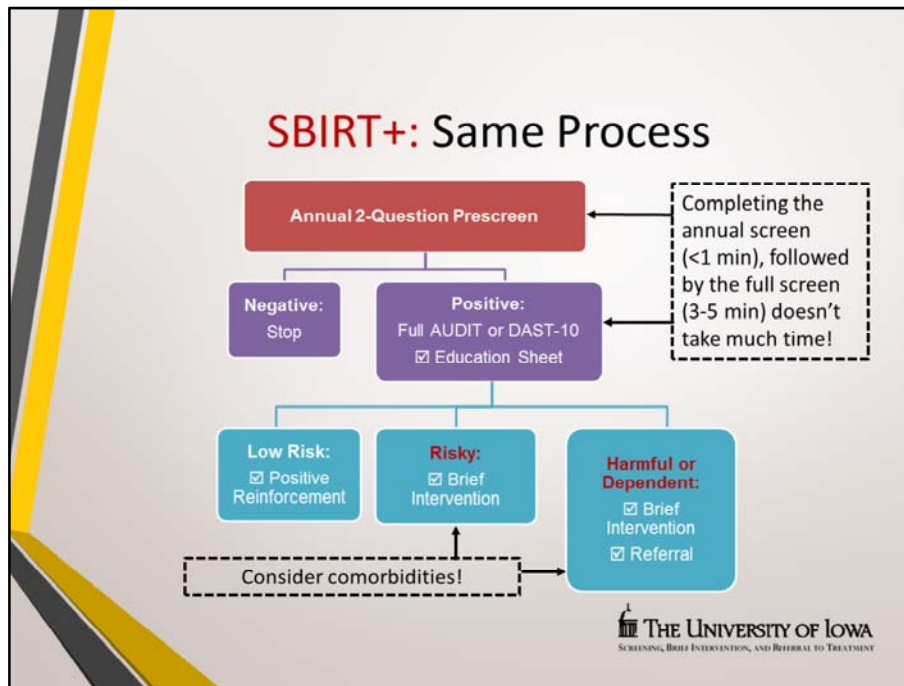


**SBIRT+:** Meaning in Practice

- SBIRT process is basically the same
- Adaptations tailored to older adults
  - ✓ Use lower drinking “threshold” for screening
  - ✓ Screen “as needed” based on observed changes in the older adult
  - ✓ Consider late life problems when applying BI
    - Problems/issues at “baseline”
    - Root causes of substance use/related distress
    - Involvement of community services
    - Follow-ups by PCP or community service

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Our goal, then, is to just use the very same SBIRT steps – but with a few modifications. The biggest issue is to not “skip” the older adult because we stereotype them as “not at risk.”



As a reminder, the flow of decision-making is the same.


Name: \_\_\_\_\_  
Date: \_\_\_\_\_


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**Annual Questionnaire**

Drinking alcohol and using drugs other than those required for medical reasons can affect your health. These activities can also affect the medications you take. Please help us provide you with the best possible medical care by answering the questions below.

Alcohol: One drink =

  
12 oz. beer

  
8 oz. wine

  
1.5 oz. liquor  
(any type)

<b>Anyone over 65 years old</b>	How many times in the past year have you had 4 or more drinks in a day?	None	1 or more
<b>Male – 65 years old or younger</b>	How many times in the past year have you had 5 or more drinks in a day?	None	1 or more
<b>Female – 65 years old or younger</b>	How many times in the past year have you had 4 or more drinks in a day?	None	1 or more

Examples of drugs may include: cannabis (marijuana, pot), methamphetamine (speed, crystal), inhalants (paint thinner, aerosols, glue); benzodiazepines (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD), mushrooms, narcotics (opioids), or synthetic cannabinoids (K2, spices) and cathinones (bath salts).

How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?	None	1 or more
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Note the lower limit (fewer than 4 drinks in a day) for those over 65 years


Since screen is “annual,” it’s also important to consider “presenting problems”!

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Just remember to adjust the limit of “drinks in a day” to fewer than 4 for older adults.

**Symptoms: Beyond “annual”!**

- Sleep complaints; unusual fatigue, malaise, daytime drowsiness; apparent sedation
- Cognitive impairment, memory or concentration difficulties, disorientation, confusion
- Seizures, malnutrition, muscle wasting
- Liver function abnormalities
- Persistent irritability (without obvious cause), restlessness, agitation
- Altered mood, depression, anxiety
- Unexplained complaints of chronic pain
- Incontinence, urinary retention, difficulty urinating
- Poor hygiene and self-neglect
- Complaints of blurred vision
- Changes in eating habits
- Unexplained nausea, vomiting
- Slurred speech
- Tremor, motor coordination problems, shuffling gait
- Frequent falls, unexplained bruising

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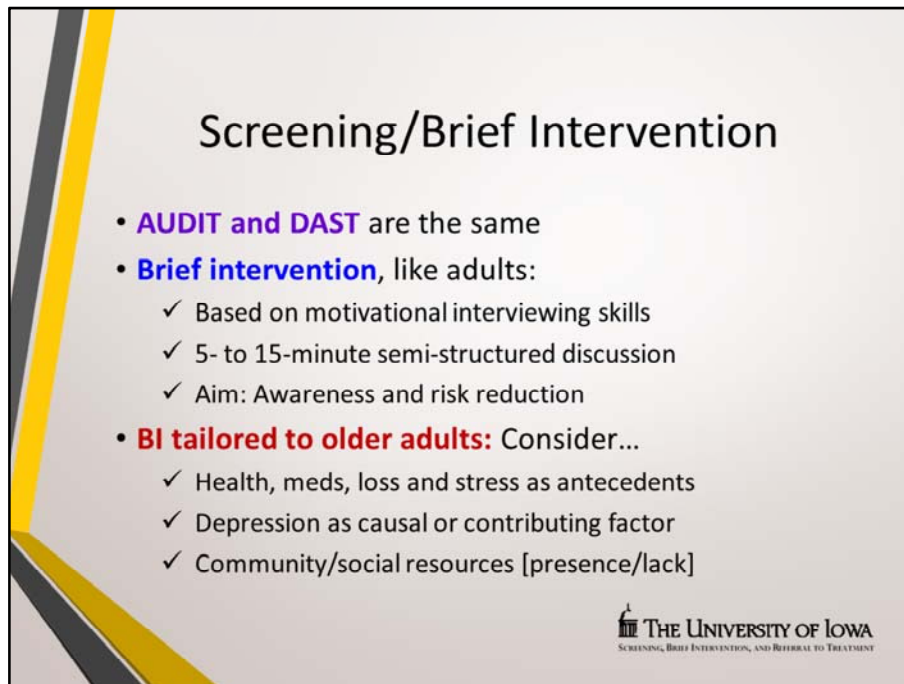
We also want to think about using common symptoms of substance use as “triggers” to asking the “pre-screening” questions, the ones on the Annual Questionnaire, on any visit!

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Reference:


Substance Abuse and Mental Health Services Administration. (2001). Quick Guide for Clinicians Based on TIP 26 Substance Abuse Among Older Adults. Retrieved from <https://store.samhsa.gov/shin/content/SMA12-3585/SMA12-3585.pdf>



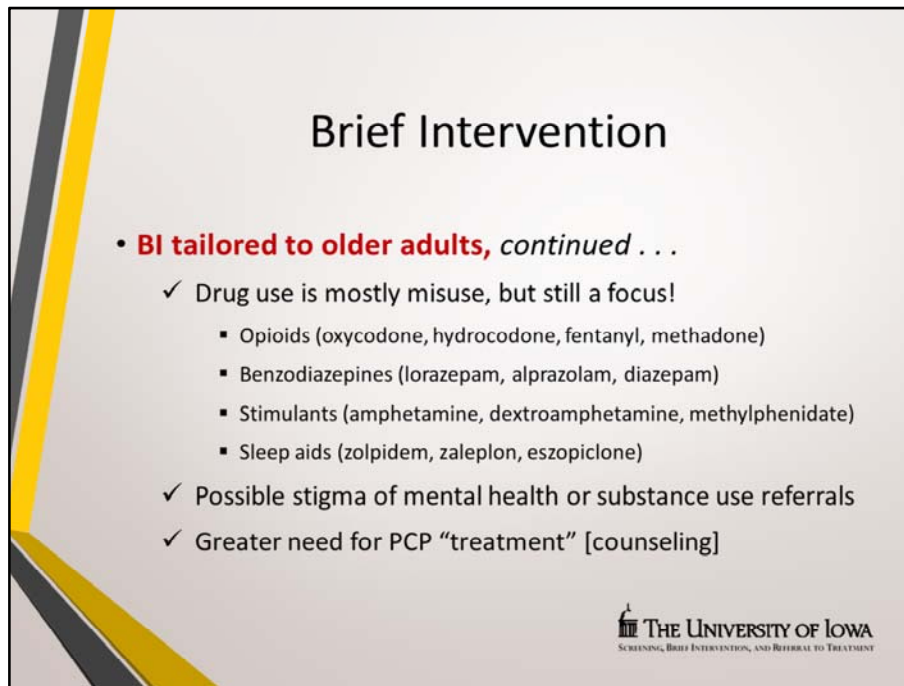


**Screening/Brief Intervention**

- **AUDIT and DAST** are the same
- **Brief intervention**, like adults:
  - ✓ Based on motivational interviewing skills
  - ✓ 5- to 15-minute semi-structured discussion
  - ✓ Aim: Awareness and risk reduction
- **BI tailored to older adults:** Consider...
  - ✓ Health, meds, loss and stress as antecedents
  - ✓ Depression as causal or contributing factor
  - ✓ Community/social resources [presence/lack]


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The scoring of the 10-item Alcohol Use Disorders Identification Test – or AUDIT – and the 10-item Drug Abuse Screening Test – or DAST – is the same. One of the biggest differences in applying the brief intervention may be helping the older person identify causal and contributing factors that also need treatment – like clinical depression – and drawing on both personal and community supports.



**Brief Intervention**

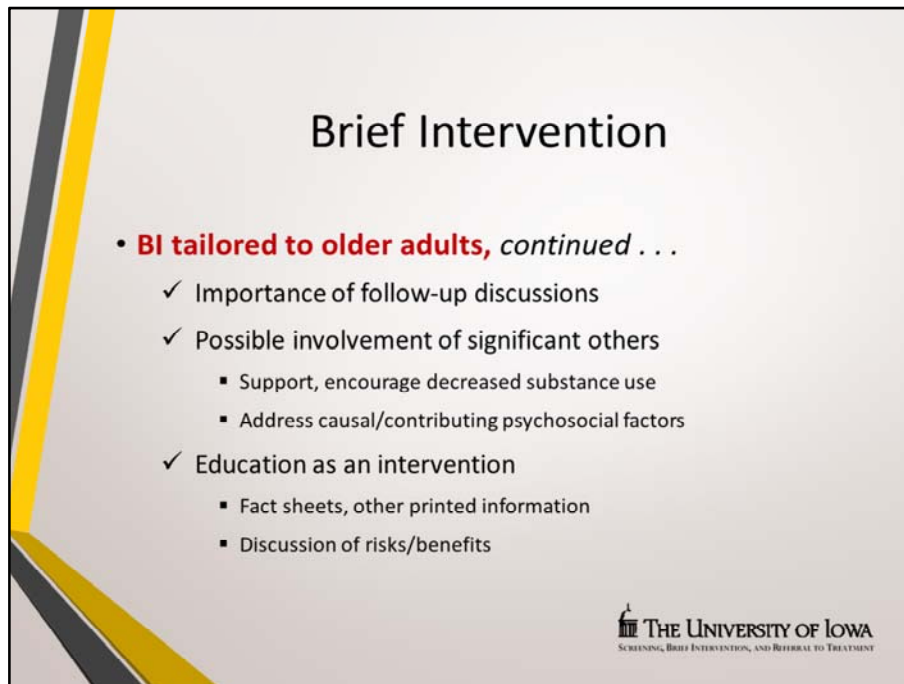
- **BI tailored to older adults, continued . . .**
  - ✓ Drug use is mostly misuse, but still a focus!
    - Opioids (oxycodone, hydrocodone, fentanyl, methadone)
    - Benzodiazepines (lorazepam, alprazolam, diazepam)
    - Stimulants (amphetamine, dextroamphetamine, methylphenidate)
    - Sleep aids (zolpidem, zaleplon, eszopiclone)
  - ✓ Possible stigma of mental health or substance use referrals
  - ✓ Greater need for PCP “treatment” [counseling]

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As you think about the brief intervention, remember that most drug use in older adults is actually misuse of drugs that are being used for a medical purpose. It isn't recreational; it's misuse. While that isn't part of the SBIRT focus, it's an important part of clinical care and should be part of the conversation.


Another consideration is that the stigma of both psychiatric and substance use treatment may keep older people from seeking help. In turn, primary care providers may need to play a larger and more expanded role in substance-related counseling and assessment with those who refuse referrals.

In brief intervention, remember to use your best motivational interviewing skills.

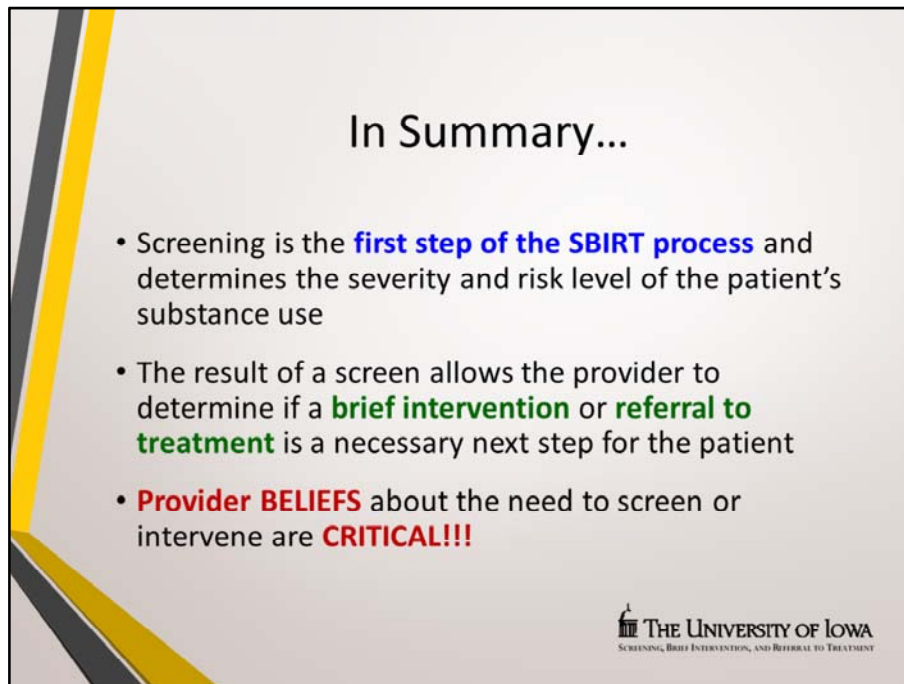


**Brief Intervention**

- **BI tailored to older adults, continued . . .**
  - ✓ Importance of follow-up discussions
  - ✓ Possible involvement of significant others
    - Support, encourage decreased substance use
    - Address causal/contributing psychosocial factors
  - ✓ Education as an intervention
    - Fact sheets, other printed information
    - Discussion of risks/benefits

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Greater involvement by primary care providers in monitoring of risky substance use among older adults is a good practice overall. Taking time to ask, show interest, and advance movement toward changes to reduce risky substance use – just like any other “safety” issue – is important. Although information sheets are not a substitute for discussion, they can reinforce ideas and give the person and his or her family something more to think and talk about.

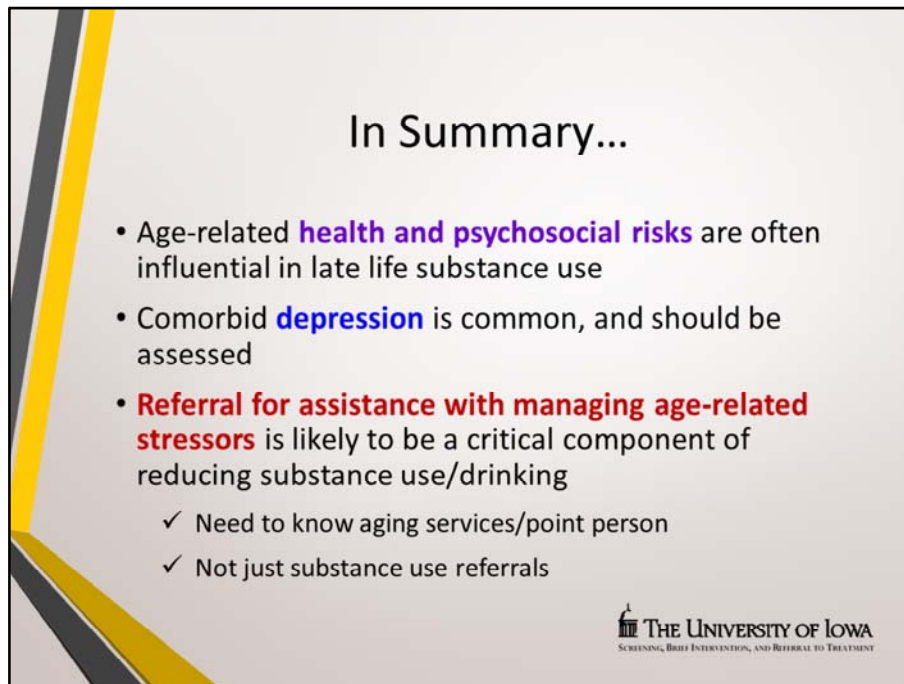


In Summary...

- Screening is the **first step of the SBIRT process** and determines the severity and risk level of the patient's substance use
- The result of a screen allows the provider to determine if a **brief intervention** or **referral to treatment** is a necessary next step for the patient
- **Provider BELIEFS** about the need to screen or intervene are **CRITICAL!!!**


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In summary, SBIRT Plus relies on healthcare providers believing that older adults should be screened, just like any other adult. Only by asking can we identify those who are at risk – so it really does rely on you.



In Summary...

- Age-related **health and psychosocial risks** are often influential in late life substance use
- Comorbid **depression** is common, and should be assessed
- **Referral for assistance with managing age-related stressors** is likely to be a critical component of reducing substance use/drinking
  - ✓ Need to know aging services/point person
  - ✓ Not just substance use referrals

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Being aware of the special needs and characteristics of older adults will help guide the brief intervention, and if needed and accepted, referral to treatment.

Thank you for your attention.

